E.
T.
Ħ
<u> </u>
==
1

T

Please type a plus sign (+) inside this box	\rightarrow	+	
---	---------------	---	--

required)

□ Declaration

e type a plus sign (+) inside this box \longrightarrow [†] PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. a valid OMB control number.

a valid Olvid Col	ICO HUITIO	√l,							
			Attorney Docket Num	ber	P05098				
DECLARA	TION F DES	FOR UTILITY OR	First Named Inventor		Dragan Maksimovic				
PATE		PLICATION	COMPLETE IF KNOWN						
(37 CFR 1.63)		Application Number							
	-	7	Filing Date						
	OR Declaration Submitted after Initial	Group Art Unit							
	Filing (surcharge (37 CFR 1.16 (e))		Examiner Name						

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.										
AN ADAPTIVE VOLTAGE SCALING DIGITAL PROCESSING COMPONENT AND METHOD OF OPERATING THE SAME										
the specification of which (Title of the Invention) Is attached hereto										
OR was filed on (M	M/DD/YYYY)		as t	Jnited	d States Applicat	tion Number or P	CT International			
Application Number		and w	as amended on (MM/I	D/Y	YYY)		(if applicable).			
I hereby state that I has amended by any amen				ıdent	tified specificatio	n, including the c	laims, as			
I acknowledge the duty		•		y as	defined in 37 CF	R 1.56.				
,			•							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Applicat	ion	Country	Foreign Filing Da		Priority Not Claimed		py Attached?			
Number(s)		Country	(MM/DD/YYYY)		Not Claimed	YES	NO			
Additional foreign ap	plication num	bers are listed on a	supplemental priority	data	sheet PTO/SB/0)2B attached her	eto:			
I hereby claim the ben		U S.C 119(e) of an	y United States provis	onal	application(s) lis	sted below.				
Application Num	ber(s)	Filing Date	e (MM/DD/YYYY)	-						
				1		onal provisiona ers are listed o	• •			
					supple	emental priority	data sheet			
					PTO/S	SB/02B attache	ed hereto.			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

	PTO/SB/01 (12-97)
Please type a plus sign (+) inside this box -	Approved for use through 9/30/00. OMB 0651-0032
	Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

DLC		(Alloi	1	- Otil	Ly	OI L	/ U 3	<u> </u>		410	<u> </u>	<u> </u>	iicatio		
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U S C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.															
U.S. Parent Application or PCT Parent Number								ent Fi M/DD	,	g Date			nt Patent N		
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.															
As a named inv and Trademark	Office cor	nected therewit			Numb	er						- ┌	Place Custo Number Bar 0	mer	
				OR Registered	d pract	titioner(s) n	name/re	egistrat	ion	number lis	ted belo	$_{\sf\scriptscriptstyle w}$ $oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{w}}}}}$	Label her		
	N			R	egistr	ation				Nam				tration nber	
Andre	Name w S. Vige				Numl 28,	552				William A		ς		308	
John	L. Maxin oher Byrn					668 204				John T. l	Mockler		39	,775	
	C. Conse					149				Coleman			38	,593	
	Y. Wang					.452				Allen R.				207	
Additional	registered	practitioner(s) n	amed o	n supplem	ental I	Registered	Practit	oner Ir	nfor	mation she	et PTO/	SB/02C	attached here	to.	
Direct all corr	esponde			er Numb Code Lab						OR	X Co	rrespo	ondence addr	ess below	
Name	Dock	cet Clerk													
Address	P.O.	Drawer 80	0889)									,		
Address															
City	Dalla	as					Sta	State TX ZIP			753	5380			
Country	USA			Tele	phon	e (214	/ lax ·					(21	214) 969-7557		
believed to be punishable by	true; and fine or in	statements ma I further that the oprisonment, or issued thereon.	ese state both, u	ements we	ere ma	ade with th	ne knov	wledae	tha	it willful fa	ise state	ements	and the like so	made are	
Name of S	ole or F	irst Invento	r:				□ A	petitio	on l	nas been	filed fo	r this u	insigned inve	ntor	
G	iven Nan	ne (first and m	iddle [i	f any])						Famil	y Name	or Su	rname		
D:	ragan							Mak	siı	novic					
Inventor's Signature													Date	_	
Residence:	City			s	tate		Co	ountry					Citizenship		
Post Office A	ddress	· -													
Post Office A	Address														
City			C4-4-			ZIP					Cou	intry			
City	Linvonto	rs are being n	State	n the ¥	(6117		al Add	itional	Inv	rentor(s)	<u> </u>		SB/02A attac	hed heret	
Additiona	i invento	is are being n	ailleu C	ni ule _A	<u> </u>	phiemeilig	ai MuU	inondi	1111	GITOT(3)	211001/2	, 1 10	UDIVER allal	A IOU HOICE	

mile deal that well mad have been had

PTO/SB/02A (3-97)
sign (+) inside this box

+ Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>I</u> of <u>I</u>

Name of Addition	al Joint Inventor, if any	<i>y</i> :		□ A	petition	has been filed	l for th	is unsıgn	ed inve	entor		
Given Name (first and middle [if any])					Family Name or Surname							
Sandeep					Dhar							
Inventor's Signature		-		····		Date						
Residence: City		State		С	ountry			Citizens	hip			
Post Office Address												
Post Office Address				₁								
City		State			ZIP		Countr	у				
Name of Addition	al Joint Inventor, if an	y:			A petition	has been filed	d for th	nis unsigr	ed inv	entor		
Given Nan	ne (first and middle [if any]))		Family Name or Surname								
Bruno					Kranzen							
Inventor's Signature									te			
Residence: City		State		c	ountry			Citize	nship			
Post Office Address								_				
Post Office Address												
City		State			ZIP		Cou	ntry				
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for t	his unsig	ned inv	entor		
Given Nar	me (first and middle [if any])		Family Name or Surname								
Ravindra				Am	batipu	ıdi						
Inventor's Signature								Da	ate			
Residence: City		State			Country	,		Citize	nship			
Post Office Address												
Post Office Address						T			T			
City		State			ZIP			Country				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231